

Exhibit # 1

IN THE SUPERIOR COURT OF THE STATE OF DELAWARE

IN AND FOR NEW CASTLE COUNTY

STATE OF DELAWARE

v.

PAUL PAVULAK

:
:
: INDICTMENT BY THE GRAND JURY
:
: I.D. NO. 9802015040

The Grand Jury charges PAUL PAVULAK with the following offenses:

COUNT I. A FELONY

#N98-

03-0127

UNLAWFUL SEXUAL ~~PENETRATION~~ ^{contact 2nd} THIRD DEGREE, in violation of Title 11, Section 770 of the Delaware Code of 1974, as amended.

PAUL PAVULAK, between September 1, 1997, to September 30, 1997, in the County of New Castle, State of Delaware, did intentionally ~~place a finger inside~~ ^{touch} the vagina of [REDACTED], and who was less than 16 years of age on the occasion of the crime.

COUNT II. A FELONY

#N98-

03-0128

UNLAWFUL SEXUAL ~~PENETRATION~~ ^{contact 2nd} THIRD DEGREE, in violation of Title 11, Section 770 of the Delaware Code of 1974, as amended.

PAUL PAVULAK, between October 1, 1997, to October 31, 1997, in the County of New Castle, State of Delaware, did intentionally ~~place a finger inside~~ ^{touch} the vagina of [REDACTED], and who was less than 16 years of age on the occasion of the crime.



CERTIFIED AS A TRUE COPY
ATTEST SHARON AGNEW
PROTHONOTARY
BY Sharon Agnew

COUNT III. A FELONY

#N98- 03-0129

UNLAWFUL SEXUAL PENETRATION THIRD DEGREE, in violation of Title 11, Section 770 of the Delaware Code of 1974, as amended.

PAUL PAVULAK, between November 1, 1997, to November 30, 1997, in the County of New Castle, State of Delaware, did intentionally place a finger inside the vagina of [REDACTED] and who was less than 16 years of age on the occasion of the crime.

COUNT IV. A FELONY

#N98- 03-0130

UNLAWFUL SEXUAL PENETRATION THIRD DEGREE, in violation of Title 11, Section 770 of the Delaware Code of 1974, as amended.

PAUL PAVULAK, between December 1, 1997, to December 31, 1997, in the County of New Castle, State of Delaware, did intentionally place a finger inside the vagina of [REDACTED] and who was less than 16 years of age on the occasion of the crime.

COUNT V. A FELONY

#N98- 03-0131

UNLAWFUL SEXUAL PENETRATION THIRD DEGREE, in violation of Title 11, Section 770 of the Delaware Code of 1974, as amended.

PAUL PAVULAK, between January 1, 1998, to January 31, 1998, in the County of New Castle, State of Delaware, did intentionally place a finger inside the vagina of [REDACTED], and who was less than 16 years of age on the occasion of the crime.

COUNT VI. A FELONY


#N98 03-0126

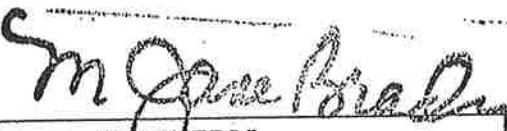
CONTINUOUS SEXUAL ABUSE OF A CHILD in violation of 11 Del.


c. §778, a class b felony.

PAUL PAUVLAK, between September 1, 1997 and January 31, 1998, reside in the same home with [REDACTED] a child under the age of 14 and did intentionally engage in three or more acts of sexual misconduct as defined by 11 Del. C. § 766, 769, 770, 771, 772, 773, 774, 775, or 1108, for a period of time in excess of three months, as set forth in counts I through V, incorporated by reference herein.

A TRUE BILL





ATTORNEY GENERAL


DEPUTY ATTORNEY GENERAL

Exhibit # 2

Superior Court of the State of Delaware, New Castle County

PLEA AGREEMENT



State of Delaware v.

Paul Pavulak

Case No(s):

9802015010

Cr.A.#s:

☐ Title 11 HAB. OFFENDER

☐ BOOT CAMP ELIGIBLE

☐ INELIGIBLE

☒ RULE 11(e)(1)(C) — If out of guideline, reason is as follows:

☒ Title 11, §4336, sex offender notification required

☐ Title 11, §9019(e), forensic fine ☐ \$100(F), ☐ \$50(M)

Defendant will plead guilty to:

Count

Cr.A.#

Charge

[LIO if applicable]

I
II

IN 98-03-0127
IN 98-03-0128

USC and (LIO)
USC and (LIO)

Upon the sentencing of the defendant, a nolle prosequi is entered on ☐ the following charges/☒ all remaining charges on this indictment:

Count

Cr.A.#

Charge

Sentence Recommendation/Agreement:

☒ PSI

☐ Immediate Sentencing

State agrees to suspended levels, if
no criminal record found for def.

State and Defendant agree to the following:

☐ Restitution:

☒ No

contact w/ victim or any unsuper-

☐ Other Conditions:

vised contact with anyone, including

psychiatrist's evaluation & follow up
recommendations for treatment

DAG:

C. Showalter

PRINT NAME

C. Showalter

SIGNATURE

DEF. COUNSEL:

James A. Natalie, Jr.

PRINT NAME

James A. Natalie, Jr.

SIGNATURE

Date:

June 30, 1998

DEFENDANT:

Paul Pavulak
CERTIFIED AS A TRUE COPY
ATTEST SHARON AGNEW
PROTHONOTARY
BY Sharon Agnew Page 6 of 68

Exhibit # 3

13

DCC
BP
PP
PSI
OK

IN THE SUPERIOR COURT OF THE STATE OF DELAWARE

IN AND FOR NEW CASTLE COUNTY

STATE OF DELAWARE

V.

PAUL E PAVULAK

DOB: 8/24/44

SBI: 00385354

CASE NO. 9802015040

CR.A. NO. PN98030127

CHARGE: UNLAW SEX CON 2

CHARGE DISP: PLED GUILTY - LESSER

SENTENCE ORDER

NOW, THIS 4TH DAY OF SEPTEMBER, 1998, IT IS THE ORDER OF THE COURT THAT:

THE DEFENDANT IS ADJUDGED GUILTY OF THE OFFENSE CHARGED.

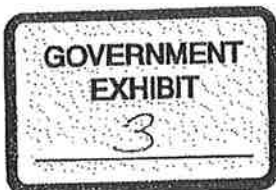
THE DEFENDANT IS TO PAY THE COST OF PROSECUTION.

EFFECTIVE September 4, 1998, THE DEFENDANT IS PLACED IN THE CUSTODY OF THE DEPARTMENT OF CORRECTION AT SUPERVISION LEVEL 5 FOR A PERIOD OF 2 YEARS.

THIS SENTENCE IS SUSPENDED FOR 2 YEARS AT SUPERVISION LEVEL 3. AFTER SERVING 1 YEAR AT SUPERVISION LEVEL 3, THIS SENTENCE IS SUSPENDED FOR 1 YEAR AT SUPERVISION LEVEL 2.

THE DEFENDANT SHALL MAKE RESTITUTION AS FOLLOWS: \$278.00 PAYABLE TO INSURANCE TRUST OF THE NJBA, NATIONAL BENEFIT CORPORATION.

FILED
PROTHONOTARY
1998 OCT - 2 PM 4:46



CERTIFIED AS A TRUE COPY
ATTEST SHARON AGNEW
PROTHONOTARY
BY *Sharon Agnew*

STATE OF DELAWARE V. PAUL E PAVULAK
9802015040

AS TO THE CHARGE OF PN98030128, UNLAW SEX CON 2,
IT IS THE ORDER OF THE COURT THAT:

THE DEFENDANT IS ADJUDGED GUILTY OF THE OFFENSE
CHARGED.

THE DEFENDANT IS PLACED IN THE CUSTODY OF THE DEPARTMENT OF
CORRECTION AT SUPERVISION LEVEL 5 FOR A PERIOD OF 2 YEARS.

THIS SENTENCE IS SUSPENDED FOR 2 YEARS AT SUPERVISION LEVEL 2.

THIS SENTENCE SHALL BE SERVED CONSECUTIVELY TO THE SENTENCE IN
CR.A. NO. PN98-03-0127.

THE NON-INCARCERATIVE PORTION OF THIS SENTENCE SHALL BE SERVED
CONSECUTIVELY TO THE NON-INCARCERATIVE PORTION OF THE SENTENCE
IMPOSED IN CR.A. NO. PN98-03-0127.

STATE OF DELAWARE V. PAUL E PAVULAK,
9802015040

THE FOLLOWING CONDITIONS SHALL APPLY TO THIS SENTENCE, THE
DEFENDANT SHALL:

PAY FINANCIAL OBLIGATIONS DURING THE PROBATIONARY PERIOD.

HAVE NO CONTACT WITH THE VICTIM.

BE EVALUATED FOR EMOTIONAL AND/OR PSYCHOLOGICAL PROBLEMS AND
FOLLOW ANY DIRECTIONS FOR TREATMENT OR COUNSELING MADE BY THE
PROBATION OFFICER.

HAVE NO UNSUPERVISED CONTACT WITH ANYONE UNDER 16 YEARS OF AGE.

✓ NOTE: DEFENDANT SHALL BEGIN TREATMENT AND/OR COUNSELING WITHIN
60 DAYS AND REMAIN UNTIL DISCHARGED BY THERAPIST AND/OR COUNSELOR.

THE PROVISIONS OF 11 DEL. C. 4120 AND 4336, SEX OFFENDER
REGISTRATION AND COMMUNITY NOTIFICATION, APPLY TO THIS CASE.


JUDGE FRED S. SILVERMAN

FILED
PROBATIONARY
100000-2 PM 4:46

STATE OF DELAWARE V. PAUL E PAVULAK,
9802015040

FINANCIAL OBLIGATIONS ARE IMPOSED ON THE DEFENDANT PURSUANT TO THIS
SENTENCE AS FOLLOWS:

TOTAL CDEFA-DIVERSION ORDERED	0.00
TOTAL CIVIL PENALTY ORDERED	0.00
TOTAL COSTS ORDERED	80.00
TOTAL DRUG SURCHARGE ORDERED	0.00
TOTAL EXTRADITION ORDERED	0.00
TOTAL FINE AMOUNT ORDERED	0.00
TOTAL FORENSIC FINE ORDERED	0.00
TOTAL SHERIFF KENT ORDERED	0.00
TOTAL SHERIFF NCC ORDERED	0.00
TOTAL PUBLIC DEF. FEE ORDERED	0.00
TOTAL RESTITUTION ORDERED	278.00
TOTAL SHERIFF SUSSEX ORDERED	0.00
TOTAL VICTIMS' COMP ORDERED	0.00
TOTAL VIDEO PHONE FEE ORDERED	1.00
 TOTAL FINANCIAL ORDER	 359.00

Exhibit # 4

RULE 9 WARRANT

IN THE SUPERIOR COURT OF THE STATE OF DELAWARE

IN AND FOR NEW CASTLE COUNTY

STATE OF DELAWARE

v.

PAUL E. PAVULAK

:
:
:
:
:

INDICTMENT BY THE GRAND JURY

I.D. NO. 0403016870 ✓

The Grand Jury charges PAUL E PAVULAK with the following

offenses:

COUNT I. A FELONY

I#N 04-04-0306w

UNLAWFUL SEXUAL CONTACT SECOND DEGREE, in violation of Title 11, Section 768, of the Delaware Code of 1974, as amended.

PAUL E. PAVULAK, between June 1, 1999 and August 31, 1999, in the County of New Castle, State of Delaware, did intentionally have sexual contact with [REDACTED], a child less than 16 years of age.

COUNT II. A FELONY

I#N 04-04-0305w


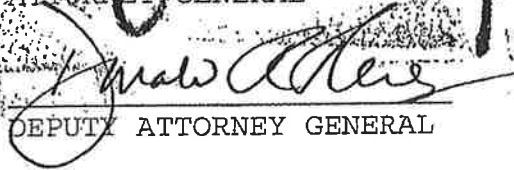
UNLAWFUL SEXUAL CONTACT SECOND DEGREE, in violation of Title 11, Section 768, of the Delaware Code of 1974, as amended.

PAUL E. PAVULAK, between June 1, 1999 and August 31, 1999, in the County of New Castle, State of Delaware, did intentionally have sexual contact with [REDACTED], a child less than 16



CERTIFIED AS A TRUE COPY
ATTEST SHARON AGNEW
PROTHONOTARY
BY [Signature]

years of age.


ATTORNEY GENERAL

DEPUTY ATTORNEY GENERAL

A TRUE BILL


FOREPERSON

Exhibit # 8

Delaware Sex Offender Registration Form
Sex Offender - Informational Print

Registering Agency: NEW CASTLE COUNTY SUPERIOR COURT
Registration Date: 09/04/1998

Offender Name: PAVULAK, PAUL E
S.B.I. Number: 00385354 F.B.I. Number: 91062X8
Date of Birth: [REDACTED] 1944

Risk Level: 3 - HIGH Assessment Date: 06/10/2005
Police Jurisdiction: WILMINGTON PD

Sex: Male Height: 6 ft. 00 in. Eye Color: Blue
Weight: 200 lbs. Hair Color: Brown Race: White
Has Passport: No DNA Collected: No

Address, Employer, Place of Study and Hosts Information

Registered Mailing Address:
FAIRVIEW INN
1051 S MARKET ST
ROOM 176
WILMINGTON, DE 19801
NEW CASTLE COUNTY

Registered Physical Address:
FAIRVIEW INN
1051 S MARKET ST
ROOM 176
WILMINGTON, DE 19801
NEW CASTLE COUNTY

Home Phone: () -
Effective: 07/01/2008

Registered Employers:
Unemployed

Registered Place of Study:
Not Attending

Effective:

Effective:

Host Address(es):

Host Address(es):

Effective Date of Anticipated Release

06/27/2008

Registrant's Initials pu

Date 7/1/08

00385354 PAVULAK, PAUL E

Page 1 of 4



00000811

Delaware Sex Offender Registration Form
Sex Offender - Informational Print

S.B.I. Number: 00385354 Offender: PAVULAK, PAUL E

OFFENSE SUMMARY:

DUC/Case Number: 0403016870
Complaint Number: 3204024808
Arresting Agency: 96
Court of Conviction: NEW CASTLE COUNTY SUPERIOR COURT
State of Conviction: DE
Date of Plea/Verdict of Guilt: 04/06/2005
Sentence Date: 06/10/2005
Date of Incarceration: 10/14/2004
Lead Offense: DE1107680000FG

DUC/Case Number: 9802015040
Complaint Number: 3298017198
Arresting Agency: 32
Court of Conviction: NEW CASTLE COUNTY SUPERIOR COURT
State of Conviction: DE
Date of Plea/Verdict of Guilt: 06/30/1998
Sentence Date: 09/04/1998
Date of Incarceration: 02/20/1998
Lead Offense: DE1107680000FG

CHARGE SUMMARY:

INCIDENT	CHG	STATUTE	DESCRIPTION
1704000054	002	DE1107680000FG	UNLAWFUL SEXUAL CONTACT SECOND DEGREE HAVE SEXUAL CONTACT
3298000553	003	DE1107680000FG	UNLAWFUL SEXUAL CONTACT SECOND DEGREE HAVE SEXUAL CONTACT
3298000553	002	DE1107680000FG	UNLAWFUL SEXUAL CONTACT SECOND DEGREE HAVE SEXUAL CONTACT

VICTIM(S) INFORMATION:

COMPLAINT	AGE	RELATIONSHIP
3204024808	9	ACQUAINTANCE
3298017421	11	ACQUAINTANCE
3298017198	11	ACQUAINTANCE

Registrant's Initials PL

Date 2/1/05

00385354 PAVULAK, PAUL E

Page 2 of 4

00000812

Delaware Sex Offender Registration Form
Sex Offender - Informational Print

S.B.I. Number: 00385354

Offender: PAVULAK, PAUL E

Registered Vehicle Information:

Sequence: 0001

Make: FORD

Model: 4 DOOR

Tag Number: 350325

Color: Green

Registration State: DE

Vehicle Type: Automobile

Owner Notified Date: 04/01/2008

Owner Address:

1051 S MARKET SHL

FAIRVIEW INN

WILMINGTON, DE 19801

Vehicle Address:

1051 S MARKET SHL

FAIRVIEW INN

WILMINGTON, DE 19801

Registrant's Initials



Date

7/1/08

00385354 PAVULAK, PAUL E

Page 3 of 4

00000813

Delaware Sex Offender Registration/Verification Supplement

Pursuant to 11 Del. C. 4120, any person convicted of a sexual offense must register with the Superintendent of the Delaware State Police. Failure to appear in person when required and/or to provide ALL of the required information to the State Bureau of Identification will result in a warrant for your arrest.

1. I must report in person to the Delaware State Police State Bureau of Identification within 3 days of establishing or maintaining a residence in the state of Delaware or when being released from custody or supervision of Department of Corrections to register my temporary or permanent address.
2. Within 3 days, after any change of address, place of employment, place of study and/or any information listed in # 3 of this form. I must report to the State Bureau of Identification to update my registration information in-person.
3. I must provide all of the following at the time of change or verification processes: Names and aliases, date of birth, driver's license of state-issue ID card, telephone numbers for home, work, and cellular phone(s). Additionally, I am required to provide Social Security number, internet identifiers and e-mail addresses, passport, proof of immigration status, and copies of any professional licenses. I must also register vehicle information for all vehicles owned or operated by me, to include year, make, model, color, and registration number.
4. I must submit to fingerprinting and a photograph upon verification and registration processes.
5. If I intend to reside, work or attend school outside of the State of Delaware, I must notify the Delaware State Bureau of Identification in-person within three (3) days. I must also register with the state, in which I intend to reside, work or attend school.
6. Any person who knowingly or recklessly fails to register or re-register pursuant to these restrictions or to otherwise comply with any of the provisions of these requirements shall be guilty of a Class G Felony.

~~PLEASE READ CAREFULLY BEFORE SIGNING~~

As a Delaware Registered Sex Offender you are required by law to abide by the above listed requirements. By signing below, you acknowledge that you have read all the requirements on this form and you understand these requirements.

You are required to register each year during the following month(s):

I AM REQUIRED TO REGISTER (4) FOUR TIMES A YEAR IN THE MONTH OF:
March - June - September - December

A COPY OF THIS NOTICE WILL REMAIN ON FILE WITH THE REGISTRATION DEPARTMENT.

Paul P... 7/1/07
Registrant's Signature . Date

SANDRA LWARDEN
Please print Witness and Title

Operations Supervisor

Sandra Lwarden

Legal Guardian of Juvenile Offender Date

Witness Signature

Instructions:

Forward the signed original copy to:

Delaware State Police, SBI
P.O. Box 430
Dover, DE 19903

00000814

Exhibit # 9

SBI NUMBER: _____
(Leave blank)

Registered Name: PAVULAK PAUL E
LAST FIRST MIDDLE SUFFIX

Date of Birth: [REDACTED] 44 Place of Birth (state/country): CANDLER NJ

Social Security Number: [REDACTED] 6741

Driver's license or id state: DE Driver's license or id number: [REDACTED]

Race: W Sex: M Height: 6 Weight: 230

Hair color: Brown Eye color: Blue Skin color: Cauc

Alias names:

Scars, marks or tattoos (with descriptions): (Example: tattoo of snake lower left arm, scar on right cheek)

Email Address: _____

Email Address: _____

Email Address: _____

Email Address: _____

Email Address: _____

Home telephone number: none
(area code) (number) (area code) (number)

Cell telephone number: none
(area code) (number) (area code) (number)

Passport Identification Number: _____ Issuing Country: _____

Immigration status: _____



LIVING and/or MAILING ADDRESS

Are you living at a shelter: _____ (yes or no) Are you homeless: _____ (yes or no)

MAILING ADDRESS (is this different from your physical address?) _____ (yes or no)

Development or Apartment Name: Fairview Town Apartment #: 176

Street Address: 1051 S MARKET ST
Number (North, South, etc) Street Name (Street/Drive/etc)

City: Wilmington State: DE Zip: 19801

PHYSICAL ADDRESS: (if different from mailing address)

Development Name: _____

Street Address: _____
Number (North, South, etc) Street Name (Street/Drive/etc)

City: _____ State: _____ Zip: _____

Are there other addresses that you live: _____ (yes or no)

Development or Apartment Name: _____ Apartment #: _____

Street Address: _____
Number (North, South, etc) Street Name (Street/Drive/etc)

City: _____ State: _____ Zip: _____

Development or Apartment Name: _____ Apartment #: _____

Street Address: _____
Number (North, South, etc) Street Name (Street/Drive/etc)

City: _____ State: _____ Zip: _____

Development or Apartment Name: _____ Apartment #: _____

Street Address: _____
Number (North, South, etc) Street Name (Street/Drive/etc)

City: _____ State: _____ Zip: _____

Development or Apartment Name: _____ Apartment #: _____

Street Address: _____
Number (North, South, etc) Street Name (Street/Drive/etc)

City: _____ State: _____ Zip: _____

If Homeless list the area you frequent: _____

PLACE OF STUDY INFORMATION

Do you have a place of study? no (yes or no) Are you enrolled? _____ (yes or no)

Name of place of study: _____ Effective Date: _____

Street Address: _____
Number (North, South, etc) Street Name (Street/Drive/etc)

City: _____ State: _____ Zip: _____

Name of place of study: _____ Effective Date: _____

Street Address: _____
Number (North, South, etc) Street Name (Street/Drive/etc)

City: _____ State: _____ Zip: _____

Name of place of study: _____ Effective Date: _____

Street Address: _____
Number (North, South, etc) Street Name (Street/Drive/etc)

City: _____ State: _____ Zip: _____

Name of place of study: _____ Effective Date: _____

Street Address: _____
Number (North, South, etc) Street Name (Street/Drive/etc)

City: _____ State: _____ Zip: _____

Name of place of study: _____ Effective Date: _____

Street Address: _____
Number (North, South, etc) Street Name (Street/Drive/etc)

City: _____ State: _____ Zip: _____

EMPLOYMENT INFORMATION

Are you employed? NO (yes or no)

Name of employer: _____ Occupation: _____

Type of business: _____

Street Address: _____
Number (North, South, etc) Street Name (Street/Drive/etc)

City: _____ State: _____ Zip: _____

Telephone: number: _____

Name of employer: _____ Occupation: _____

Type of business: _____

Street Address: _____
Number (North, South, etc) Street Name (Street/Drive/etc)

City: _____ State: _____ Zip: _____

Telephone: number: _____

Name of employer: _____ Occupation: _____

Type of business: _____

Street Address: _____
Number (North, South, etc) Street Name (Street/Drive/etc)

City: _____ State: _____ Zip: _____

Telephone: number: _____

Name of employer: _____ Occupation: _____

Type of business: _____

Street Address: _____
Number (North, South, etc) Street Name (Street/Drive/etc)

City: _____ State: _____ Zip: _____

Telephone: number: _____

VEHICLE INFORMATION

List all vehicles that you own or operate for private or work use. (Vehicles include cars, trucks, motorcycles, boats, planes, etc.)

Registration / hull / or plane tail number 350325 State of registration DE

Vehicle year: 98 Vehicle make: PONT Vehicle model: TRANS

Vehicle color: GRAY over _____

Place vehicle is parked or located: Fairview Inn
(Hanger, marina, garage, location)

Owner's name: PAUL PAVULAK

Street Address: Fairview Inn
Number (North, South, etc) Street Name (Street/Drive/etc)

City: _____ State: _____ Zip: _____

Registration / hull / or plane tail number _____ State of registration _____

Vehicle year: _____ Vehicle make: _____ Vehicle model: _____

Vehicle color: _____ over _____

Place vehicle is parked or located: _____
(Hanger, marina, garage, location)

Owner's name: _____

Street Address: _____
Number (North, South, etc) Street Name (Street/Drive/etc)

City: _____ State: _____ Zip: _____

Registration / hull / or plane tail number _____ State of registration _____

Vehicle year: _____ Vehicle make: _____ Vehicle model: _____

Vehicle color: _____ over _____

Place vehicle is parked or located: _____
(Hanger, marina, garage, location)

Owner's name: _____

Street Address: _____
Number (North, South, etc) Street Name (Street/Drive/etc)

City: _____ State: _____ Zip: _____

VERIFICATION CERTIFICATION

I, Paul Pavumak, have completed this validation process and make these
(PRINT FULL NAME here)

statements as true and factual. I understand that by improperly stating or willfully withholding facts needed to complete this verification, I am liable for criminal prosecution due to non-compliance with Delaware's Megan Law 11 Delaware Code Chapter 41.

Signature: Paul Pavumak

Date: 7-1-2008

If under 18:

Name of parent/guardian: _____
(PRINT NAME here)

Signature of parent/guardian: _____

Date: _____

DSP Employee Accepting Packet: Sandra L Ward

Date: 7/1/08

Exhibit # 10

Delaware Sex Offender Registration Form
Sex Offender - Informational Print

Registering Agency: NEW CASTLE COUNTY SUPERIOR COURT
Registration Date: 09/04/1998

Offender Name: PAVULAK, PAUL E
S.B.I. Number: 00385354 F.B.I. Number: 91062X8
Date of Birth: [REDACTED]/1944

Risk Level: 3 - HIGH Assessment Date: 06/10/2005
Police Jurisdiction: WILMINGTON PD

Sex: Male Height: 6 ft. 00 in. Eye Color: Blue
Weight: 200 lbs. Hair Color: Brown Race: White
Has Passport: No DNA Collected: No

Address, Employer, Place of Study and Hosts Information

Registered Mailing Address:
FAIRVIEW INN
1051 S MARKET ST
ROOM 160
WILMINGTON, DE 19801
NEW CASTLE COUNTY

Registered Physical Address:
FAIRVIEW INN
1051 S MARKET ST
ROOM 160
WILMINGTON, DE 19801
NEW CASTLE COUNTY

Home Phone: () -
Effective: 07/03/2008

Registered Employers:
Unemployed
Effective:

Registered Place of Study:
Not Attending
Effective:

Host Address(es):

Host Address(es):

~~Effective Date of Anticipated Release~~
06/27/2008



Registrant's Initials *N*

Date 7.3.08

Delaware Sex Offender Registration Form
Sex Offender - Informational Print

S.B.I. Number: 00385354 Offender: PAVULAK, PAUL E

OFFENSE SUMMARY:

DUC/Case Number: 0403016870
Complaint Number: 3204024808
Arresting Agency: 96
Court of Conviction: NEW CASTLE COUNTY SUPERIOR COURT
State of Conviction: DE
Date of Plea/Verdict of Guilt: 04/06/2005
Sentence Date: 06/10/2005
Date of Incarceration: 10/14/2004
Lead Offense: DE1107680000FG

DUC/Case Number: 9802015040
Complaint Number: 3298017198
Arresting Agency: 32
Court of Conviction: NEW CASTLE COUNTY SUPERIOR COURT
State of Conviction: DE
Date of Plea/Verdict of Guilt: 06/30/1998
Sentence Date: 09/04/1998
Date of Incarceration: 02/20/1998
Lead Offense: DE1107680000FG

CHARGE SUMMARY:

INCIDENT	CHG	STATUTE	DESCRIPTION
1704000054	002	DE1107680000FG	UNLAWFUL SEXUAL CONTACT SECOND DEGREE HAVE SEXUAL CONTACT
3298000553	003	DE1107680000FG	UNLAWFUL SEXUAL CONTACT SECOND DEGREE HAVE SEXUAL CONTACT
3298000553	002	DE1107680000FG	UNLAWFUL SEXUAL CONTACT SECOND DEGREE HAVE SEXUAL CONTACT

VICTIM(S) INFORMATION:

COMPLAINT	AGE	RELATIONSHIP
3204024808	9	ACQUAINTANCE
3298017421	11	ACQUAINTANCE
3298017198	11	ACQUAINTANCE

Registrant's Initials h

Date 7.3.08

00385354 PAVULAK, PAUL E

Page 2 of 4

00000807

Delaware Sex Offender Registration Form
Sex Offender - Informational Print

S.B.I. Number: 00385354 Offender: PAVULAK, PAUL E

Registered Vehicle Information:

Sequence: 0001
Make: FORD
Model: 4 DOOR
Tag Number: 350325
Color: Green
Registration State: DE
Vehicle Type: Automobile
Owner Notified Date: 04/01/2008

Owner Address:
1051 S MARKET SHL
FAIRVIEW INN RM 160
WILMINGTON, DE 19801

Vehicle Address:
1051 S MARKET SHL
FAIRVIEW INN RM 160
WILMINGTON, DE 19801

Registrant's Initials PA Date 7-3-08

00385354 PAVULAK, PAUL E

Page 3 of 4

00000808

Delaware Sex Offender Registration/Verification Supplement

Pursuant to 11 Del. C. 4120, any person convicted of a sexual offense must register with the Superintendent of the Delaware State Police. Failure to appear in person when required and/or to provide ALL of the required information to the State Bureau of Identification will result in a warrant for your arrest.

1. I must report in person to the Delaware State Police State Bureau of Identification within 3 days of establishing or maintaining a residence in the state of Delaware or when being released from custody or supervision of Department of Corrections to register my temporary or permanent address.
2. Within 3 days, after any change of address, place of employment, place of study and/or any information listed in # 3 of this form. I must report to the State Bureau of Identification to update my registration information in-person.
3. I must provide all of the following at the time of change or verification processes: Names and aliases, date of birth, driver's license of state-issue ID card, telephone numbers for home, work, and cellular phone(s). Additionally, I am required to provide Social Security number, internet identifiers and e-mail addresses, passport, proof of immigration status, and copies of any professional licenses. I must also register vehicle information for all vehicles owned or operated by me, to include year, make, model, color, and registration number.
4. I must submit to fingerprinting and a photograph upon verification and registration processes.
5. If I intend to reside, work or attend school outside of the State of Delaware, I must notify the Delaware State Bureau of Identification in-person within three (3) days. I must also register with the state, in which I intend to reside, work or attend school.
6. Any person who knowingly or recklessly fails to register or re-register pursuant to these restrictions or to otherwise comply with any of the provisions of these requirements shall be guilty of a Class G Felony.

PLEASE READ CAREFULLY BEFORE SIGNING

As a Delaware Registered Sex Offender you are required by law to abide by the above listed requirements. By signing below, you acknowledge that you have read all the requirements on this form and you understand these requirements.

You are required to register each year during the following month(s):

I AM REQUIRED TO REGISTER (4) FOUR TIMES A YEAR IN THE MONTH OF:
March - June - September - December

A COPY OF THIS NOTICE WILL REMAIN ON FILE WITH THE REGISTRATION DEPARTMENT.

[Signature]
Registrant's Signature

7-3-08
Date

Linda C. Smith, SCIM History Tech
Please print Witness and Title

Legal Guardian of Juvenile Offender

Date

Linda C. Smith
Witness Signature

Instructions:

Forward the signed original copy to:

Delaware State Police, SBI
P.O. Box 430
Dover, DE 19903

00000809

Exhibit # 11

SBT
00385354

CHANGE OF ADDRESS FORM
(PLEASE PRINT)

NAME: PAUL PAVULAK DOB: [REDACTED]-44

HOME ADDRESS:

STREET ADDRESS: 1051 S. MARKET ST

APT # (if applicable): PM/60

DEVELOPMENT: WILM DE 19801

CITY/STATE: _____ ZIP _____

TELEPHONE NUMBER: _____

EMPLOYER ADDRESS:

NAME OF EMPLOYER: _____

STREET ADDRESS: _____

CITY/STATE: _____ ZIP _____

TELEPHONE NUMBER: _____

OCCUPATION: _____

PLACE OF STUDY (SCHOOL):

NAME OF SCHOOL: _____

STREET ADDRESS: _____

CITY/STATE: _____ ZIP _____

TELEPHONE NUMBER: _____

SIGNATURE: Paul Pavulak DATE: 7-3-08



00000810

Exhibit # 12

Delaware Sex Offender Registration Form
Sex Offender - Informational Print

Registering Agency: NEW CASTLE COUNTY SUPERIOR COURT
Registration Date: 09/04/1998

Offender Name: PAVULAK, PAUL E
S.B.I. Number: 00385354 F.B.I. Number: 91062X8
Date of Birth: [REDACTED] 1944

Risk Level: 3 - HIGH Assessment Date: 06/10/2005
Police Jurisdiction: WILMINGTON PD

Sex: Male Height: 6 ft. 00 in. Eye Color: Blue
Weight: 200 lbs. Hair Color: Brown Race: White
Has Passport: No DNA Collected: No

Address, Employer, Place of Study and Hosts Information

Registered Mailing Address:
FAIRVIEW INN
1051 S MARKET ST
ROOM 134
WILMINGTON, DE 19801
NEW CASTLE COUNTY

Registered Physical Address:
FAIRVIEW INN
1051 S MARKET ST
ROOM 134
WILMINGTON, DE 19801
NEW CASTLE COUNTY

Home Phone: () -
Effective: 07/03/2008

Registered Employers:
Unemployed

Effective:

Registered Place of Study:
Not Attending

Effective:

Host Address(es):

Host Address(es):

Effective Date of Anticipated Release
06/27/2008



Registrant's Initials

PLC

Date

7-11-08

00385354 PAVULAK, PAUL E

Page 1 of 4

00000799

Delaware Sex Offender Registration Form
Sex Offender - Informational Print

S.B.I. Number: 00385354 Offender: PAVULAK, PAUL E

OFFENSE SUMMARY:

DUC/Case Number: 0403016870
Complaint Number: 3204024808
Arresting Agency: 96
Court of Conviction: NEW CASTLE COUNTY SUPERIOR COURT
State of Conviction: DE
Date of Plea/Verdict of Guilt: 04/06/2005
Sentence Date: 06/10/2005
Date of Incarceration: 10/14/2004
Lead Offense: DE1107680000FG

DUC/Case Number: 9802015040
Complaint Number: 3298017198
Arresting Agency: 32
Court of Conviction: NEW CASTLE COUNTY SUPERIOR COURT
State of Conviction: DE
Date of Plea/Verdict of Guilt: 06/30/1998
Sentence Date: 09/04/1998
Date of Incarceration: 02/20/1998
Lead Offense: DE1107680000FG

CHARGE SUMMARY:

INCIDENT	CHG	STATUTE	DESCRIPTION
1704000054	002	DE1107680000FG	UNLAWFUL SEXUAL CONTACT SECOND DEGREE HAVE SEXUAL CONTACT
3298000553	003	DE1107680000FG	UNLAWFUL SEXUAL CONTACT SECOND DEGREE HAVE SEXUAL CONTACT
3298000553	002	DE1107680000FG	UNLAWFUL SEXUAL CONTACT SECOND DEGREE HAVE SEXUAL CONTACT

VICTIM(S) INFORMATION:

COMPLAINT	AGE	RELATIONSHIP
3204024808	9	ACQUAINTANCE
3298017421	11	ACQUAINTANCE
3298017198	11	ACQUAINTANCE

Registrant's Initials muDate 7-11-05

00385354 PAVULAK, PAUL E

Page 2 of 4

00000800

Delaware Sex Offender Registration Form
Sex Offender - Informational Print

S.B.I. Number: 00385354 Offender: PAVULAK, PAUL E

Registered Vehicle Information:

Sequence: 0001
Make: FORD
Model: TAURUS
Tag Number: 350325
Color: Green
Registration State: DE
Vehicle Type: Automobile
Owner Notified Date: 04/01/2008

Owner Address:
1051 S MARKET SHL
FAIRVIEW INN RM 134
WILMINGTON, DE 19801

Vehicle Address:
1051 S MARKET SHL
FAIRVIEW INN RM 134
WILMINGTON, DE 19801

Registrant's Initials *PE*

Date

7-11-08

00385354 PAVULAK, PAUL E

Page 3 of 4

00000801

Delaware Sex Offender Registration/Verification Supplement

Pursuant to 11 Del. C. 4120, any person convicted of a sexual offense must register with the Superintendent of the Delaware State Police. Failure to appear in person when required and/or to provide ALL of the required information to the State Bureau of Identification will result in a warrant for your arrest.

1. I must report in person to the Delaware State Police State Bureau of Identification within 3 days of establishing or maintaining a residence in the state of Delaware or when being released from custody or supervision of Department of Corrections to register my temporary or permanent address.
2. Within 3 days, after any change of address, place of employment, place of study and/or any information listed in # 3 of this form. I must report to the State Bureau of Identification to update my registration information in-person.
3. I must provide all of the following at the time of change or verification processes: Names and aliases, date of birth, driver's license of state-issue ID card, telephone numbers for home, work, and cellular phone(s). Additionally, I am required to provide Social Security number, internet identifiers and e-mail addresses, passport, proof of immigration status, and copies of any professional licenses. I must also register vehicle information for all vehicles owned or operated by me, to include year, make, model, color, and registration number.
4. I must submit to fingerprinting and a photograph upon verification and registration processes.
5. If I intend to reside, work or attend school outside of the State of Delaware, I must notify the Delaware State Bureau of Identification in-person within three (3) days. I must also register with the state, in which I intend to reside, work or attend school.
6. Any person who knowingly or recklessly fails to register or re-register pursuant to these restrictions or to otherwise comply with any of the provisions of these requirements shall be guilty of a Class G Felony.

~~PLEASE READ CAREFULLY BEFORE SIGNING~~

As a Delaware Registered Sex Offender you are required by law to abide by the above listed requirements. By signing below, you acknowledge that you have read all the requirements on this form and you understand these requirements.

You are required to register each year during the following month(s):

I AM REQUIRED TO REGISTER (4) FOUR TIMES A YEAR IN THE MONTH OF:
March - June - September - December

A COPY OF THIS NOTICE WILL REMAIN ON FILE WITH THE REGISTRATION DEPARTMENT.

Paul Place 7-11-02 Wendy S. Meyers Crim. Hist. Tech. II
 Registrant's Signature Date Please print Witness and Title 7-11-08

 Legal Guardian of Juvenile Offender Date Witness Signature

Instructions:

Forward the signed original copy to:

Delaware State Police, SBI
 P.O. Box 430
 Dover, DE 19903

Exhibit # 13

CHANGE OF ADDRESS FORM
(PLEASE PRINT)

SBI # _____
NAME: PAUL PAVELIA DOB: [REDACTED] 44

HOME ADDRESS:

DEVELOPMENT: Pavilion Drive

STREET ADDRESS: MARKET ST Rm 134

APT # (if applicable): _____

CITY/STATE: WILM DE ZIP _____

TELEPHONE NUMBER: _____ CELL # _____

EMPLOYER ADDRESS:

Change Remove Additional Employment Unemployed Self Employed

NAME OF EMPLOYER: _____

STREET ADDRESS: _____

CITY/STATE: _____ ZIP _____

TELEPHONE NUMBER: _____

OCCUPATION: _____

PLACE OF STUDY (SCHOOL):

Change Remove No place of Study Additional Place of Study

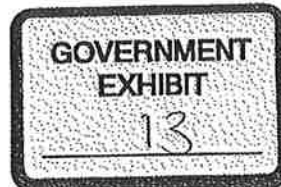
NAME OF SCHOOL: _____

STREET ADDRESS: _____

CITY/STATE: _____ ZIP _____

TELEPHONE NUMBER: _____

SIGNATURE: [Signature] DATE: 7-11-08



00000803

Exhibit # 14

Delaware Sex Offender Registration Form
Sex Offender - Informational Print

Registering Agency: NEW CASTLE COUNTY SUPERIOR COURT
Registration Date: 09/04/1998

Offender Name: PAVULAK, PAUL E
S.B.I. Number: 00385354 F.B.I. Number: 91062X8
Date of Birth: [REDACTED] 1944

Risk Level: 3 - HIGH Assessment Date: 06/10/2005
Police Jurisdiction: WILMINGTON PD

Sex: Male Height: 6 ft. 00 in. Eye Color: Blue
Weight: 200 lbs. Hair Color: Brown Race: White
Has Passport: No DNA Collected: No

Address, Employer, Place of Study and Hosts Information

Registered Mailing Address:
FAIRVIEW INN
1051 S MARKET ST
ROOM 134
WILMINGTON, DE 19801
NEW CASTLE COUNTY

Registered Physical Address:
FAIRVIEW INN
1051 S MARKET ST
ROOM 134
WILMINGTON, DE 19801
NEW CASTLE COUNTY

Home Phone: (302) 985-1951
Effective: 07/03/2008

Registered Employers:
Unemployed
Effective:

Registered Place of Study:
Not Attending
Effective:

Host Address(es):

Host Address(es):

Effective Date of Anticipated Release

06/27/2008

Registrant's Initials L

Date 9/8/08

00385354 PAVULAK, PAUL E



00000784

Delaware Sex Offender Registration Form
Sex Offender - Informational Print

S.B.I. Number: 00385354 Offender: PAVULAK, PAUL E

OFFENSE SUMMARY:

DUC/Case Number: 0403016870
Complaint Number: 3204024808
Arresting Agency: 96
Court of Conviction: NEW CASTLE COUNTY SUPERIOR COURT
State of Conviction: DE
Date of Plea/Verdict of Guilt: 04/06/2005
Sentence Date: 06/10/2005
Date of Incarceration: 10/14/2004
Lead Offense: DE1107680000FG

DUC/Case Number: 9802015040
Complaint Number: 3298017198
Arresting Agency: 32
Court of Conviction: NEW CASTLE COUNTY SUPERIOR COURT
State of Conviction: DE
Date of Plea/Verdict of Guilt: 06/30/1998
Sentence Date: 09/04/1998
Date of Incarceration: 02/20/1998
Lead Offense: DE1107680000FG

CHARGE SUMMARY:

INCIDENT	CHG	STATUTE	DESCRIPTION
1704000054	002	DE1107680000FG	UNLAWFUL SEXUAL CONTACT SECOND DEGREE HAVE SEXUAL CONTACT
3298000553	003	DE1107680000FG	UNLAWFUL SEXUAL CONTACT SECOND DEGREE HAVE SEXUAL CONTACT
3298000553	002	DE1107680000FG	UNLAWFUL SEXUAL CONTACT SECOND DEGREE HAVE SEXUAL CONTACT

VICTIM(S) INFORMATION:

COMPLAINT	AGE	RELATIONSHIP
3204024808	9	ACQUAINTANCE
3298017421	11	ACQUAINTANCE
3298017198	11	ACQUAINTANCE

Registrant's Initials hDate 9/8/08

00385354 PAVULAK, PAUL E

Page 2 of 4

00000785

Delaware Sex Offender Registration Form
Sex Offender - Informational Print

S.B.I. Number: 00385354

Offender: PAVULAK, PAUL E

Registered Vehicle Information:

Sequence: 0001

Make: FORD

Model: TAURUS

Tag Number: 350325

Color: Green

Registration State: DE

Vehicle Type: Automobile

Owner Notified Date: 04/01/2008

Owner Address:

1051 S MARKET SHL
FAIRVIEW INN RM 134
WILMINGTON, DE 19801

Vehicle Address:

1051 S MARKET SHL
FAIRVIEW INN RM 134
WILMINGTON, DE 19801

Registrant's Initials *P*

Date 9/18/08

00385354 PAVULAK, PAUL E

Page 3 of 4

00000786

Delaware Sex Offender Registration/Verification Supplement

Pursuant to 11 Del. C. 4120, any person convicted of a sexual offense must register with the Superintendent of the Delaware State Police. Failure to appear in person when required and/or to provide ALL of the required information to the State Bureau of Identification will result in a warrant for your arrest.

1. I must report in person to the Delaware State Police State Bureau of Identification within 3 days of establishing or maintaining a residence in the state of Delaware or when being released from custody or supervision of Department of Corrections to register my temporary or permanent address.
2. Within 3 days, after any change of address, place of employment, place of study and/or any information listed in # 3 of this form. I must report to the State Bureau of Identification to update my registration information in-person.
3. I must provide all of the following at the time of change or verification processes: Names and aliases, date of birth, driver's license or state-issue ID card, telephone numbers for home, work, and cellular phone(s). Additionally, I am required to provide Social Security number, internet identifiers and e-mail addresses, passport, proof of immigration status, and copies of any professional licenses. I must also register vehicle information for all vehicles owned or operated by me, to include year, make, model, color, and registration number.
4. I must submit to fingerprinting and a photograph upon verification and registration processes.
5. If I intend to reside, work or attend school outside of the State of Delaware, I must notify the Delaware State Bureau of Identification in-person within three (3) days. I must also register with the state, in which I intend to reside, work or attend school.
6. Any person who knowingly or recklessly fails to register or re-register pursuant to these restrictions or to otherwise comply with any of the provisions of these requirements shall be guilty of a Class G Felony.

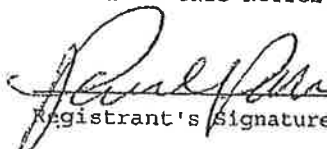
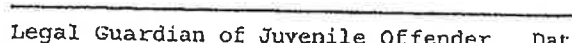

PLEASE READ CAREFULLY BEFORE SIGNING

~~As a Delaware Registered Sex Offender you are required by law to abide by the above listed requirements. By signing below, you acknowledge that you have read all the requirements on this form and you understand these requirements.~~

~~You are required to register each year during the following month(s):~~

I AM REQUIRED TO REGISTER (4) FOUR TIMES A YEAR IN THE MONTH OF:
March - June - September - December

A COPY OF THIS NOTICE WILL REMAIN ON FILE WITH THE REGISTRATION DEPARTMENT.

	9/8/08	Ashley Coyle Criminal History Tech 1
Registrant's Signature	Date	Please print Witness and Title
		
Legal Guardian of Juvenile Offender	Date	Witness Signature

Instructions:

Forward the signed original copy to:

Delaware State Police, SBI
P.O. Box 430
Dover, DE 19903

00000787

Exhibit # 15

SBI NUMBER: _____
(Leave blank)

Registered Name: PAVUKA PAUL E
LAST FIRST MIDDLE SUFFIX

Date of Birth: [REDACTED] - 44 Place of Birth (state/country): CAMPDEN NJ

Social Security Number: [REDACTED] 4741

Driver's license or id state: DE Driver's license or id number: _____

Race: White Sex: M Height: 6 Weight: 210

Hair color: Brown Eye color: Blue Skin color: Normal

Alias names:

Scars, marks or tattoos (with descriptions): (Example: tattoo of snake lower left arm, scar on right cheek)

Email Address: _____

Email Address: _____

Email Address: _____

Email Address: _____

Email Address: _____

Home telephone number: _____

(area code)

(number)

(area code)

(number)

Cell telephone number: 302 955 1951

(area code)

(number)

(area code)

(number)

Passport Identification Number: _____

Issuing Country: _____

Immigration status: _____



LIVING and/or MAILING ADDRESS

Are you living at a shelter: NO (yes or no) Are you homeless: no (yes or no)

MAILING ADDRESS (is this different from your physical address?) _____ (yes or no)

Development or Apartment Name: FAIRVIEW MOBILE Apartment #: 134

Street Address: 1051 S. MANUEL ST
Number (North, South, etc) Street Name (Street/Drive/etc)

City: WILM State: DE Zip: 19801

PHYSICAL ADDRESS: (if different from mailing address)

Development Name: _____

Street Address: _____
Number (North, South, etc) Street Name (Street/Drive/etc)

City: _____ State: _____ Zip: _____

Are there other addresses that you live: _____ (yes or no)

Development or Apartment Name: _____ Apartment #: _____

Street Address: _____
Number (North, South, etc) Street Name (Street/Drive/etc)

City: _____ State: _____ Zip: _____

Development or Apartment Name: _____ Apartment #: _____

Street Address: _____
Number (North, South, etc) Street Name (Street/Drive/etc)

City: _____ State: _____ Zip: _____

Development or Apartment Name: _____ Apartment #: _____

Street Address: _____
Number (North, South, etc) Street Name (Street/Drive/etc)

City: _____ State: _____ Zip: _____

Development or Apartment Name: _____ Apartment #: _____

Street Address: _____
Number (North, South, etc) Street Name (Street/Drive/etc)

City: _____ State: _____ Zip: _____

If Homeless list the area you frequent: _____

PLACE OF STUDY INFORMATION

Do you have a place of study? Ad (yes or no) Are you enrolled? _____ (yes or no)

Name of place of study: _____ Effective Date: _____

Street Address: _____
Number (North, South, etc) Street Name (Street/Drive/etc)

City: _____ State: _____ Zip: _____

Name of place of study: _____ Effective Date: _____

Street Address: _____
Number (North, South, etc) Street Name (Street/Drive/etc)

City: _____ State: _____ Zip: _____

Name of place of study: _____ Effective Date: _____

Street Address: _____
Number (North, South, etc) Street Name (Street/Drive/etc)

City: _____ State: _____ Zip: _____

Name of place of study: _____ Effective Date: _____

Street Address: _____
Number (North, South, etc) Street Name (Street/Drive/etc)

City: _____ State: _____ Zip: _____

Name of place of study: _____ Effective Date: _____

Street Address: _____
Number (North, South, etc) Street Name (Street/Drive/etc)

City: _____ State: _____ Zip: _____

EMPLOYMENT INFORMATION

Are you employed? No (yes or no)

Name of employer: _____ Occupation: _____

Type of business: _____

Street Address: _____
Number (North, South, etc) Street Name (Street/Drive/etc)

City: _____ State: _____ Zip: _____

Telephone: number: _____

Name of employer: _____ Occupation: _____

Type of business: _____

Street Address: _____
Number (North, South, etc) Street Name (Street/Drive/etc)

City: _____ State: _____ Zip: _____

Telephone: number: _____

Name of employer: _____ Occupation: _____

Type of business: _____

Street Address: _____
Number (North, South, etc) Street Name (Street/Drive/etc)

City: _____ State: _____ Zip: _____

Telephone: number: _____

Name of employer: _____ Occupation: _____

Type of business: _____

Street Address: _____
Number (North, South, etc) Street Name (Street/Drive/etc)

City: _____ State: _____ Zip: _____

Telephone: number: _____

VEHICLE INFORMATION

List all vehicles that you own or operate for private or work use. (Vehicles include cars, trucks, motorcycles, boats, planes, etc.)

Registration / hull / or plane tail number 35D 325 State of registration DE

Vehicle year: 1996 Vehicle make: Ford Vehicle model: TAURUS

Vehicle color: Green over _____

Place vehicle is parked or located: Fairview Motel
(Hanger, marina, garage, location)

Owner's name: PAUL PARULAK

Street Address: _____
Number (North, South, etc) Street Name (Street/Drive/etc)

City: _____ State: _____ Zip: _____

Registration / hull / or plane tail number _____ State of registration _____

Vehicle year: _____ Vehicle make: _____ Vehicle model: _____

Vehicle color: _____ over _____

Place vehicle is parked or located: _____
(Hanger, marina, garage, location)

Owner's name: _____

Street Address: _____
Number (North, South, etc) Street Name (Street/Drive/etc)

City: _____ State: _____ Zip: _____

Registration / hull / or plane tail number _____ State of registration _____

Vehicle year: _____ Vehicle make: _____ Vehicle model: _____

Vehicle color: _____ over _____

Place vehicle is parked or located: _____
(Hanger, marina, garage, location)

Owner's name: _____

Street Address: _____
Number (North, South, etc) Street Name (Street/Drive/etc)

City: _____ State: _____ Zip: _____

VERIFICATION CERTIFICATION

I, Paul Paruch, have completed this validation process and make these
(PRINT FULL NAME here)

statements as true and factual. I understand that by improperly stating or willfully withholding facts needed to complete this verification, I am liable for criminal prosecution due to non-compliance with Delaware's Megan Law 11 Delaware Code Chapter 41.

Signature: Paul Paruch

Date: Sept. 8, 2008

If under 18:

Name of parent/guardian: _____
(PRINT NAME here)

Signature of parent/guardian: _____

Date: _____

DSP Employee Accepting Packet: Ann S

Date: 9/8/08

Exhibit # 16

Delaware Sex Offender Registration Form
Sex Offender - Informational Print

****DELAWARE OFFENDER - RESIDES OUT OF STATE****

Registering Agency: NEW CASTLE COUNTY SUPERIOR COURT
Registration Date: 09/04/1998

Offender Name: PAVULAK, PAUL E
S.B.I. Number: 00385354 F.B.I. Number: 91062X8
Date of Birth: [REDACTED]/1944

Risk Level: 3 - HIGH Assessment Date: 06/10/2005
Police Jurisdiction: OS

Sex: Male Height: 6 ft. 00 in. Eye Color: Blue
Weight: 200 lbs. Hair Color: Brown Race: White
Has Passport: No DNA Collected: No

Address, Employer, Place of Study and Hosts Information

Registered Mailing Address:

1030 BELEN ST
PHILIPPINES, UN 1007
OTHER COUNTY
Home Phone: () -
Effective: 12/05/2008

Registered Employers:
Unemployed

Effective:

Host Address(es):

Registered Physical Address:

1030 BELEN ST
PHILIPPINES, UN 1007
OTHER COUNTY

Registered Place of Study:
Not Attending

Effective:

Host Address(es):

Effective Date of Anticipated Release
06/27/2008

Registrant's Initials *PA*

Date 12-5-08

00385354 PAVULAK, PAUL E

Page 1 of 3



00000775

Delaware Sex Offender Registration Form
Sex Offender - Informational Print

S.B.I. Number: 00385354 Offender: PAVULAK, PAUL E

OFFENSE SUMMARY:

DUC/Case Number: 0403016870
Complaint Number: 3204024808
Arresting Agency: 96
Court of Conviction: NEW CASTLE COUNTY SUPERIOR COURT
State of Conviction: DE
Date of Plea/Verdict of Guilt: 04/06/2005
Sentence Date: 06/10/2005
Date of Incarceration: 10/14/2004
Lead Offense: DE1107680000FG


DUC/Case Number: 9802015040
Complaint Number: 3298017198
Arresting Agency: 32
Court of Conviction: NEW CASTLE COUNTY SUPERIOR COURT
State of Conviction: DE
Date of Plea/Verdict of Guilt: 06/30/1998
Sentence Date: 09/04/1998
Date of Incarceration: 02/20/1998
Lead Offense: DE1107680000FG

CHARGE SUMMARY:

INCIDENT	CHG	STATUTE	DESCRIPTION
1704000054	002	DE1107680000FG	UNLAWFUL SEXUAL CONTACT SECOND DEGREE HAVE SEXUAL CONTACT
3298000553	003	DE1107680000FG	UNLAWFUL SEXUAL CONTACT SECOND DEGREE HAVE SEXUAL CONTACT
3298000553	002	DE1107680000FG	UNLAWFUL SEXUAL CONTACT SECOND DEGREE HAVE SEXUAL CONTACT

VICTIM(S) INFORMATION:

COMPLAINT	AGE	RELATIONSHIP
3204024808	9	ACQUAINTANCE
3298017421	11	ACQUAINTANCE
3298017198	11	ACQUAINTANCE

Registrant's Initials 

Date

12.05.08

00385354 PAVULAK, PAUL E

Page 2 of 3

00000776

Delaware Sex Offender Registration/Verification Supplement

Pursuant to 11 Del. C. 4120, any person convicted of a sexual offense must register with the Superintendent of the Delaware State Police. Failure to appear in person when required and/or to provide ALL of the required information to the State Bureau of Identification will result in a warrant for your arrest.

1. I must report in person to the Delaware State Police State Bureau of Identification within 3 days of establishing or maintaining a residence in the state of Delaware or when being released from custody or supervision of Department of Corrections to register my temporary or permanent address.
2. Within 3 days, after any change of address, place of employment, place of study and/or any information listed in # 3 of this form. I must report to the State Bureau of Identification to update my registration information in-person.
3. I must provide all of the following at the time of change or verification processes: Names and aliases, date of birth, driver's license of state-issue ID card, telephone numbers for home, work, and cellular phone(s). Additionally, I am required to provide Social Security number, internet identifiers and e-mail addresses, passport, proof of immigration status, and copies of any professional licenses. I must also register vehicle information for all vehicles owned or operated by me, to include year, make, model, color, and registration number.
4. I must submit to fingerprinting and a photograph upon verification and registration processes.
5. If I intend to reside, work or attend school outside of the State of Delaware, I must notify the Delaware State Bureau of Identification in-person within three (3) days. I must also register with the state, in which I intend to reside, work or attend school.
6. Any person who knowingly or recklessly fails to register or re-register pursuant to these restrictions or to otherwise comply with any of the provisions of these requirements shall be guilty of a Class G Felony.

PLEASE READ CAREFULLY BEFORE SIGNING

As a Delaware Registered Sex Offender you are required by law to abide by the above listed requirements. By signing below, you acknowledge that you have read all the requirements on this form and you understand these requirements.

You are required to register each year during the following month(s):

I AM REQUIRED TO REGISTER (4) FOUR TIMES A YEAR IN THE MONTH OF:
March - June - September - December

A COPY OF THIS NOTICE WILL REMAIN ON FILE WITH THE REGISTRATION DEPARTMENT.

Paul Paul 12-5-08
Registrant's Signature Date

Sandra L. Warder
Please print Witness and Title
Operating Supervisor
Sandra L. Warder

Legal Guardian of Juvenile Offender Date

Witness Signature

Instructions:

Forward the signed original copy to:

Delaware State Police, SBI
P.O. Box 430
Dover, DE 19903

00000777

Exhibit # 17

SBI NUMBER: _____
(Leave blank)

Registered Name: PAVULAK PAUL EDWARD
LAST FIRST MIDDLE SUFFIX

Date of Birth: 12-24-44 Place of Birth (state/country): CAMPDEN, NJ

Social Security Number: 136-30-4741

Driver's license or id state: DE Driver's license or id number: 1043441

Race: W Sex: M Height: 6 Weight: 210

Hair color: BR Eye color: BL Skin color: WHITE

Alias names:

Scars, marks or tattoos (with descriptions): (Example: tattoo of snake lower left arm, scar on right cheek)

Email Address: _____

Email Address: _____

Email Address: _____

Email Address: _____

Email Address: _____

Home telephone number: _____
(area code) (number) (area code) (number)

Cell telephone number: _____
(area code) (number) (area code) (number)

Passport Identification Number: 451954447 Issuing Country: USA

Immigration status: _____



LIVING and/or MAILING ADDRESS

Are you living at a shelter: _____ (yes or no) Are you homeless: _____ (yes or no)

MAILING ADDRESS (is this different from your physical address?) _____ (yes or no)

Development or Apartment Name: _____ Apartment #: _____

Street Address: 1030 BELEN ST
Number (North, South, etc) Street Name (Street/Drive/etc)City: PALO MANILA State: PHILIPPINES Zip: 1007

PHYSICAL ADDRESS: (if different from mailing address)

Development Name: _____

Street Address: _____
Number (North, South, etc) Street Name (Street/Drive/etc)

City: _____ State: _____ Zip: _____

Are there other addresses that you live: _____ (yes or no)

Development or Apartment Name: _____ Apartment #: _____

Street Address: _____
Number (North, South, etc) Street Name (Street/Drive/etc)

City: _____ State: _____ Zip: _____

Development or Apartment Name: _____ Apartment #: _____

Street Address: _____
Number (North, South, etc) Street Name (Street/Drive/etc)

City: _____ State: _____ Zip: _____

Development or Apartment Name: _____ Apartment #: _____

Street Address: _____
Number (North, South, etc) Street Name (Street/Drive/etc)

City: _____ State: _____ Zip: _____

Development or Apartment Name: _____ Apartment #: _____

Street Address: _____
Number (North, South, etc) Street Name (Street/Drive/etc)

City: _____ State: _____ Zip: _____

If Homeless list the area you frequent: _____

PLACE OF STUDY INFORMATION

Do you have a place of study? no (yes or no) Are you enrolled? no (yes or no)

Name of place of study: _____ Effective Date: _____

Street Address: _____
Number (North, South, etc) Street Name (Street/Drive/etc)

City: _____ State: _____ Zip: _____

Name of place of study: _____ Effective Date: _____

Street Address: _____
Number (North, South, etc) Street Name (Street/Drive/etc)

City: _____ State: _____ Zip: _____

Name of place of study: _____ Effective Date: _____

Street Address: _____
Number (North, South, etc) Street Name (Street/Drive/etc)

City: _____ State: _____ Zip: _____

Name of place of study: _____ Effective Date: _____

Street Address: _____
Number (North, South, etc) Street Name (Street/Drive/etc)

City: _____ State: _____ Zip: _____

Name of place of study: _____ Effective Date: _____

Street Address: _____
Number (North, South, etc) Street Name (Street/Drive/etc)

City: _____ State: _____ Zip: _____

EMPLOYMENT INFORMATION

Are you employed? no (yes or no)

Name of employer: _____ Occupation: _____

Type of business: _____

Street Address: _____
Number (North, South, etc) Street Name (Street/Drive/etc)

City: _____ State: _____ Zip: _____

Telephone: number: _____

Name of employer: _____ Occupation: _____

Type of business: _____

Street Address: _____
Number (North, South, etc) Street Name (Street/Drive/etc)

City: _____ State: _____ Zip: _____

Telephone: number: _____

Name of employer: _____ Occupation: _____

Type of business: _____

Street Address: _____
Number (North, South, etc) Street Name (Street/Drive/etc)

City: _____ State: _____ Zip: _____

Telephone: number: _____

Name of employer: _____ Occupation: _____

Type of business: _____

Street Address: _____
Number (North, South, etc) Street Name (Street/Drive/etc)

City: _____ State: _____ Zip: _____

Telephone: number: _____

VEHICLE INFORMATION

List all vehicles that you own or operate for private or work use. (Vehicles include cars, trucks, motorcycles, boats, planes, etc.)

Registration / hull / or plane tail number _____ State of registration NY

Vehicle year: 96 Vehicle make: Ford Vehicle model: AWD

Vehicle color: Green over _____

Place vehicle is parked or located: _____
(Hangar, marina, garage, location)

Owner's name: _____

Street Address: _____
Number (North, South, etc) Street Name (Street/Drive/etc)

City: _____ State: _____ Zip: _____

Registration / hull / or plane tail number _____ State of registration _____

Vehicle year: _____ Vehicle make: _____ Vehicle model: _____

Vehicle color: _____ over _____

Place vehicle is parked or located: _____
(Hangar, marina, garage, location)

Owner's name: _____

Street Address: _____
Number (North, South, etc) Street Name (Street/Drive/etc)

City: _____ State: _____ Zip: _____

Registration / hull / or plane tail number _____ State of registration _____

Vehicle year: _____ Vehicle make: _____ Vehicle model: _____

Vehicle color: _____ over _____

Place vehicle is parked or located: _____
(Hangar, marina, garage, location)

Owner's name: _____

Street Address: _____
Number (North, South, etc) Street Name (Street/Drive/etc)

City: _____ State: _____ Zip: _____

VERIFICATION CERTIFICATION

I, Paul Pavulak, have completed this validation process and make these
(PRINT FULL NAME here)

statements as true and factual. I understand that by improperly stating or willfully withholding facts needed to complete this verification, I am liable for criminal prosecution due to non-compliance with Delaware's Megan Law 11 Delaware Code Chapter 41.

Signature: Paul Pavulak

Date: 12-5-08

If under 18:

Name of parent/guardian: _____
(PRINT NAME here)

Signature of parent/guardian: _____

Date: _____

DSP Employee Accepting Packet: Sandra L. Ward

Date: 12.5.07

Exhibit # 18

Delaware Sex Offender Registration Form
Sex Offender - Informational Print

Registering Agency: NEW CASTLE COUNTY SUPERIOR COURT
Registration Date: 09/04/1998

Offender Name: PAVULAK, PAUL E
S.B.I. Number: 00385354 F.B.I. Number: 91062X8
Date of Birth: [REDACTED] 1944

Risk Level: 3 - HIGH Assessment Date: 06/10/2005
Police Jurisdiction: TROOP 2 STATE POLICE

Sex: Male Height: 6 ft. 00 in. Eye Color: Blue
Weight: 200 lbs. Hair Color: Brown Race: White
Has Passport: No DNA Collected: No

Aliases:
PAVULAK, PAUL

Address, Employer, Place of Study and Hosts Information

Registered Mailing Address:
HOLLYWOOD MOTEL
145 S DUPONT HWY
ROOM 104
NEW CASTLE, DE 19720
NEW CASTLE COUNTY

Registered Physical Address:
HOLLYWOOD MOTEL
145 S DUPONT HWY
ROOM 104
NEW CASTLE, DE 19720
NEW CASTLE COUNTY

Home Phone: (302) 322-3070
Effective: 01/16/2009

Registered Employers:
Unemployed

Registered Place of Study:
Not Attending

Effective:

Effective:

Host Address(es):

Host Address(es):

Effective Date of Anticipated Release
06/27/2008

Registrant's Initials PA

Date 1-16-09

00385354 PAVULAK, PAUL E

Page 1 of 4



00000763

Delaware Sex Offender Registration Form
Sex Offender - Informational Print

S.B.I. Number: 00385354 Offender: PAVULAK, PAUL E

OFFENSE SUMMARY:

DUC/Case Number: 0403016870
Complaint Number: 3204024808
Arresting Agency: 96
Court of Conviction: NEW CASTLE COUNTY SUPERIOR COURT
State of Conviction: DE
Date of Plea/Verdict of Guilt: 04/06/2005
Sentence Date: 06/10/2005
Date of Incarceration: 10/14/2004
Lead Offense: DE1107680000FG


DUC/Case Number: 9802015040
Complaint Number: 3298017198
Arresting Agency: 32
Court of Conviction: NEW CASTLE COUNTY SUPERIOR COURT
State of Conviction: DE
Date of Plea/Verdict of Guilt: 06/30/1998
Sentence Date: 09/04/1998
Date of Incarceration: 02/20/1998
Lead Offense: DE1107680000FG

CHARGE SUMMARY:

INCIDENT	CHG	STATUTE	DESCRIPTION
1704000054	002	DE1107680000FG	UNLAWFUL SEXUAL CONTACT SECOND DEGREE HAVE SEXUAL CONTACT
3298000553	003	DE1107680000FG	UNLAWFUL SEXUAL CONTACT SECOND DEGREE HAVE SEXUAL CONTACT
3298000553	002	DE1107680000FG	UNLAWFUL SEXUAL CONTACT SECOND DEGREE HAVE SEXUAL CONTACT

VICTIM(S) INFORMATION:

COMPLAINT	AGE	RELATIONSHIP
3204024808	9	ACQUAINTANCE
3298017421	11	ACQUAINTANCE
3298017198	11	ACQUAINTANCE

Registrant's Initials 

Date 1-16-09

00385354 PAVULAK, PAUL E

Page 2 of 4

00000764

Delaware Sex Offender Registration Form
Sex Offender - Informational Print

S.B.I. Number: 00385354

Offender: PAVULAK, PAUL E

Registered Vehicle Information:

Sequence: 0002

Make: FORD

Model: TAURUS

Tag Number: 350325

Color: Green

Registration State: DE

Vehicle Type: Automobile

Owner Address:

145 S DUPONT HWY

ROOM 104

NEW CASTLE, DE 19720

Vehicle Address:

145 S DUPONT HWY

HOLLYWOOD MOTEL ROOM 104

NEW CASTLE, DE 19720

Registrant's Initials



Date

1-16-09

00385354 PAVULAK, PAUL E

Page 3 of 4

00000765

Delaware Sex Offender Registration/Verification Supplement

Pursuant to 11 Del. C. 4120, any person convicted of a sexual offense must register with the Superintendent of the Delaware State Police. Failure to appear in person when required and/or to provide ALL of the required information to the State Bureau of Identification will result in a warrant for your arrest.

1. I must report in person to the Delaware State Police State Bureau of Identification within 3 days of establishing or maintaining a residence in the state of Delaware or when being released from custody or supervision of Department of Corrections to register my temporary or permanent address.
2. Within 3 days, after any change of address, place of employment, place of study and/or any information listed in # 3 of this form. I must report to the State Bureau of Identification to update my registration information in-person.
3. I must provide all of the following at the time of change or verification processes: Names and aliases, date of birth, driver's license of state-issue ID card, telephone numbers for home, work, and cellular phone(s). Additionally, I am required to provide Social Security number, internet identifiers and e-mail addresses, passport, proof of immigration status, and copies of any professional licenses. I must also register vehicle information for all vehicles owned or operated by me, to include year, make, model, color, and registration number.
4. I must submit to fingerprinting and a photograph upon verification and registration processes.
5. If I intend to reside, work or attend school outside of the State of Delaware, I must notify the Delaware State Bureau of Identification in-person within three (3) days. I must also register with the state, in which I intend to reside, work or attend school.
6. Any person who knowingly or recklessly fails to register or re-register pursuant to these restrictions or to otherwise comply with any of the provisions of these requirements shall be guilty of a Class G Felony.

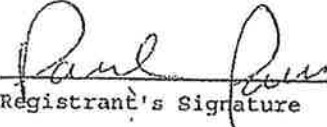
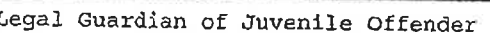

PLEASE READ CAREFULLY BEFORE SIGNING

As a Delaware Registered Sex Offender you are required by law to abide by the above listed requirements. By signing below, you acknowledge that you have read all the requirements on this form and you understand these requirements.

I AM ALSO REQUIRED TO VERIFY MY INFORMATION IN PERSON AT SBI (4) FOUR TIMES A YEAR
IN THE MONTHS OF:

March - June - September - December

A COPY OF THIS NOTICE WILL REMAIN ON FILE WITH THE REGISTRATION DEPARTMENT.

	<u>1-16-09</u>	<u>Wendy S. Meyers Crim. Hist. Tech II</u>
Registrant's Signature	Date	Please print Witness and Title
		<u>1-16-09</u>
		
Legal Guardian of Juvenile Offender	Date	Witness Signature

Instructions:

Forward the signed original copy to:

Delaware State Police, SBI
P.O. Box 430
Dover, DE 19903

00000766